

REPORT AND FEE STATEMENT OF ARBITRATOR

Arbitrator: \_\_\_\_\_ ARB No. \_\_\_\_\_

Employer: \_\_\_\_\_  
(Name) (Address)

Union: \_\_\_\_\_  
(Name) (Address)

Date Order Appointing: \_\_\_\_\_ Single Arbitrator \_\_\_\_ Panel \_\_\_\_

Dates of Public Hearing Pursuant to Citizen Petition: \_\_\_\_\_

Dates of Mediation, if any, \_\_\_\_\_ Resolved in  
By Arbitrator: \_\_\_\_\_ Mediation: Yes \_\_\_\_ No \_\_\_\_

Dates of Hearing: \_\_\_\_\_ City: \_\_\_\_

Was Transcript Taken: Yes \_\_\_\_ Number of Pages: \_\_\_\_\_ Date Rec'd \_\_\_\_\_  
No \_\_\_\_

Were Briefs Filed: Yes \_\_\_\_ No \_\_\_\_ If Yes, Last Brief Rec'd: \_\_\_\_\_

Date of Award: \_\_\_\_\_ Employer's Final Offer Selected: \_\_\_\_\_

Union's Final Offer Selected: \_\_\_\_\_

Fees:

No. of Days: \_\_\_\_\_ + \_\_\_\_\_ X \_\_\_\_\_ = \_\_\_\_\_  
Hearing Travel Per Diem Rate Total

Preparation of Award: \_\_\_\_\_ X \_\_\_\_\_ = \_\_\_\_\_  
Days Per Diem Rate  
Total

Expenses: \_\_\_\_\_ + \_\_\_\_\_ = \_\_\_\_\_  
Transportation Other Total

Total Charges

Amount Payable by Employer \_\_\_\_\_

Amount Payable by Union \_\_\_\_\_

Date of this Report \_\_\_\_\_

OPTIONAL INFORMATION:

Signature: \_\_\_\_\_

SOC. SEC. # \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
(For IRS Report Requirements)

PLEASE ATTACH COPY OF AWARD, IF ANY, TO THIS REPORT, AND MAIL TO WISCONSIN  
EMPLOYMENT RELATIONS COMMISSION, P.O. BOX 7870, MADISON, WISCONSIN 53707-  
7870